MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-e

02047

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH:
County: Worcester
City or town: Stockton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, Institution, or street address where death occurred:
none
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Stockton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: James Starling Crane Jr.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 26, 1946

8. AGE: Years: 0 Months: 0 Days: 2 If less than one day: hrs. min.

9. Birthplace: Stockton-Worcester-Maryland
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: James S. Crane
13. Birthplace: Brumley, Missouri

MOTHER
14. Maiden name: Dorthy Elizabeth Matthews
15. Birthplace: Stockton, Md.

16. Informant: James S. Crane
Address: Stockton, Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof Feb. 28 1946 (month) (day) (year)
Cemetery or crematory: Pittsville Cemetery
Location: Rural Stockton, Md.

18. Funeral director: H. Harvey Bradshaw
Address: Pocomoke City, Md.

19. Feb. 28 1946 (Mary M. Taylor) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 28 1946, at 7:30 A M

21. I CERTIFY that death occurred on the date above-stated; that I attended deceased from at birth, Feb 26 1946
and that I last saw h alive on Feb 27 1946

Immediate cause of death: Depressed respiratory center

DURATION

Due to: Probably due to labor. Did not breath well from birth.

Due to:

Other conditions: Birth normal in all respects.

Major findi

Autopsy re
PHYSICIAN

22. VIOLEN
Accident, su
Where did it
Injured at ho
Means of inju

Cause of death:

Depressed respiratory center
Probably due to labor. Did not
breath well from birth. Birth
normal in all respects.

C.E. Critcher, M.D.
New Church, Va.

23. SIGNATURE: C E Critcher M. D. or other
Address: New Church Va Date signed 2-28-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-9)

CERTIFICATE OF DEATH

112148 353

Reg. Dist. No.

1. PLACE OF DEATH:

County: Worcester

City or town: Bishop, Md. Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Bishop Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Effie Lee Cropper

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6.(b) Name of husband or wife: Smith Cropper

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 15, 1870

8. AGE:

Years	Months	Days	If less than one day
75	3	25	..... hrs. ..... min.

9. Birthplace: Bishop, Wor. Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Levin Edward Coelins

13. Birthplace: Md.

MOTHER

14. Maiden name: Mary E. Lockwood

15. Birthplace: Del.

16. Informant: Edwin S. Cropper

Address: Bishop, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 12, 1946 (month) (day) (year)

Cemetery or crematory: Odd Fellows Cemetery

Location: Bishopville, Md.

18. Funeral director: Margarette V. Watson

Address: Pocomoke City, Md.

19. Feb. 11 1946 (Date rec'd by registrar) Mrs Ray Berger Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 10 1946, at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17 1945, to Feb 10 1946

and that I last saw h[illegible] alive on Feb 9 1946

Immediate cause of death	DURATION
Cerebral thrombosis	4 mos.
Due to: Hypertensive cardio-vasc disease	4 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Frankford Del Date signed: 2-11-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02049

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

Street No. #15 Laurel Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Christine Custus

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	Col	Married

6.(b) Name of husband or wife William Custus

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 3 1900

8. AGE: Years 46 | Months — | Days 9 | If less than one day ..... hrs. ..... min.

9. Birthplace Worcester County, Md.

(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Own Home

FATHER 12. Name Noah Hutson

13. Birthplace Worcester Co., Md.

MOTHER 14. Maiden name Annie Bishop

15. Birthplace Worcester Co. Md

16. Informant William Custus

Address #15 Laurel St., Pocomoke Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof February 17, 1946 (month) (day) (year)

Cemetery or crematory Girdletree M. Churchyard

Location Girdletree Md.

18. Funeral director J. Edgar Thomas

Address Accomac, Va.

19. Feb. 15, 1946 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12th 1946, at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24th 1946, to Feb 12 1946

and that I last saw h.... alive on Feb 9th 1946

	DURATION
Immediate cause of death Mucous Colitis	4 months
Due to Secondary Anaemia	
Due to Mucous Colitis	3 months
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Edna G. Mansmann M. D. or other

Address Pocomoke, Md. Date signed 2-12-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

FEB 16 1946

02650

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320

CERTIFICATE OF DEATH

Reg. Diat. No. 355

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: no

How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Worcester

State Md County Worcester

City or town near Berlin md
(If outside city or town limits, write RURAL and give nearest town)

Street No. no
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Mahalia Ann Davis

3.(b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	a. a	Married

6.(b) Name of husband or wife: Charles Davis

6.(c) If alive, give age: Don't know years

7. Birth date of deceased (mo., day, yr.): Dec 12 1877

8. AGE: Years	Months	Days	If less than one day
68	—	—	...hrs. ...min.

9. Birthplace: Whaleyville md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Same as above

FATHER
12. Name: Milby Dickerson
13. Birthplace: Whaleyville md

MOTHER
14. Maiden name: Margaret A Riley
15. Birthplace: Whaleyville Md

16. Informant: Charles Davis
Address: Berlin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 21-1946 (month) (day) (year)

Cemetery or crematory: Family

Location: Berlin Md

18. Funeral director: James H. Stewart

Address: Salisbury md

19. 2-21- (Date rec'd by registrar) 1946 Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 17- 1946, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...

and that I last saw him alive on Feb 15- 1946

Immediate cause of death	DURATION
Chr. Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury: ... Injured at work?

23. SIGNATURE: Chas. R Law
M. D. or other

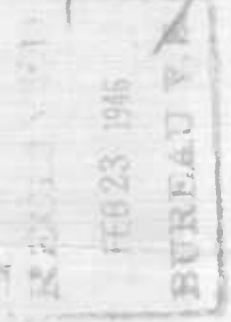
Address: Berlin Md. Date signed 2-20-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Henry Derrickson



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

02051

Reg. Diat. No. 354

1. PLACE OF DEATH

County: Worcester

City or town: Stockton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Rural Stockton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Benjamin Disharoon

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Eva Disharoon

6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): March 22, 1868

8. AGE: Years	Months	Days	If less than one day
77	10	18	hrs. min.

9. Birthplace: Snowhill Md Worc. R. F. D (Town, county, and state)

10. Usual occupation: Oysterman

11. Industry or business

FATHER 12. Name: Levin Disharoon

FATHER 13. Birthplace: Md

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace: Md

16. Informant: Mrs. Eva Disharoon

Address: Stockton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 13, 1946 (month) (day) (year)

Cemetery or crematory: Porterville

Location: Stockton, Md.

18. Funeral director: Marguette H. Watson

Address: Pocomoke city, Md.

19. Feb. 12 1946 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 10 1946 at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 22 1945 to Feb 10 1946

and that I last saw h[illegible] alive on Feb 10, 1946

Immediate cause of death	DURATION
Cerebral Vascular accident	2 wks
Due to Arteriosclerosis + senility	
Due to	
Other conditions Cardiac failure	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Robert L. Layton M.D. or other

Address: Snow Hill Date signed: 2/11/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr Ladan

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-D)

02052

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County: Worcester

City or town: Pocomoke City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, Institution, or street address where death occurred: 601 Young Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No.: RFD

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Leona Dix

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife: Saunders W. Dix

6.(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): December 6 1900

8. AGE: Years	Months	Days	If less than one day
45	1	29	...hrs. ...min.

9. Birthplace: Temperanceville - Accomac - Va. (Town, county, and state)

10. Usual occupation: Farmer wife

11. Industry or business:

FATHER — 12. Name: James Finney

13. Birthplace: Accomac County, Va

MOTHER — 14. Maiden name: Fanny Wise

15. Birthplace: Accomac County, Va

18. Informant: Lester Braun

Address: Temperanceville, Va

17. (Burial, cremation, or removal. Which?) Burial Date thereof: Feb. 10, 1946 (month) (day) (year)

Cemetery or crematory: Mt. Hope Cemetery

Location: Walbourne Md

18. Funeral director: H. Harvey Bradshaw

Address: Pocomoke City, Md.

19. (Date rec'd by registrar) Feb. 9 1946 Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 5 1946 at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1945 to Jan 9 1946 and that I last saw h... alive on Jan 9 1946

Immediate cause of death	DURATION
Cardiac failure,	2 mo
Due to: Chronic myocardial degeneration, 2 years,	
Due to: Coronary sclerosis & myocardial fibrosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: Frank Madden M.D. M. D. or other

Address: Princess Anne Date signed: 2/6/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

02053

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
County: Worcester
City or town: Newark
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 Mo.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Amanda Elizabeth Dryden

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

B.(b) Name of husband or wife: [illegible]
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 31 - 1857

8. AGE: Years: 88 | Months: 1 | Days: 23 | If less than one day: hrs. min.

9. Birthplace: Snow Hill Worcester Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: George J. Dryden
13. Birthplace: Maryland

MOTHER
14. Maiden name: Catherine Jones
15. Birthplace: Maryland

16. Informant: Mrs. Edna M. Litchfield
Address: Snow Hill, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2-26-46 (month) (day) (year)
Cemetery or crematory: Nazareth
Location: near Snow Hill, Md

18. Funeral director: Pearse & Dennis
Address: Snow Hill, Md

19. 2-25 1946 (Date rec'd by registrar) R. Ray Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 23 1946 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20 1946, to Feb 23 1946
and that I last saw h. alive on Feb 22 1946

	DURATION
Immediate cause of death: Acute pulmonary Edema	2 days
Due to: Cardiovascular Renal disease & Senility	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Robert G. Tull M.D. Snow Hill M. D. or other
Address: Snow Hill Date signed: 2/25/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

CERTIFICATE OF DEATH

02154

Reg. Dist. No. 351

1. PLACE OF DEATH:
County: Worcester
City or town: Newark
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs
Hospital, institution, or street address where death occurred: Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Near Newark Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Edward Forman

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife —
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): June 9 1945

8. AGE: Years: 8 | Months: | Days: 13 | If less than one day: hrs. min.

9. Birthplace: Salisbury Md Wicomico
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: —

FATHER
12. Name: Robert Haines
13. Birthplace: Newark Md.

MOTHER
14. Maiden name: Vinie Forman
15. Birthplace: Newark Md

16. Informant: Vinie Forman
Address: Newark Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/24/46 (month) (day) (year)
Cemetery or crematory: Cedar Chapel
Location: Newark Md

18. Funeral director: Dennis A. Bunting
Address: Berlin Md.

19. 2/23/46 (Date rec'd by registrar) 19.. LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 22 1946, at 8a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19.. to — 19..
and that I last saw h... alive on — 19..

	DURATION
Immediate cause of death: Malnutrition due to lack of proper care	Life
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John L. Riley D.O. Md Evans
M. D. or other
Address: Brown Field Hos Date signed 2/27/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02055

Reg. Diat. No. 355

I. PLACE OF DEATH:

County Worcester

City or town Berlin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Worcester

City or town Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Sarah Estella Harris

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	widow

6.(b) Name of husband or wife Sam Harris

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1882

8. AGE: Years 64 | Months 1 | Days 7 | If less than one day ..... hrs. ..... min.

9. Birthplace Berlin Md

(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name Josiah Fassett.

13. Birthplace Berlin Md

MOTHER 14. Maiden name Sarah Pennell

15. Birthplace Berlin Md

16. Informant Sarah Fassett

Address Berlin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/22/46 (month) (day) (year)

Cemetery or crematory St. Pauls (Col)

Location Berlin Md

18. Funeral director Burna A. Bunting

Address Berlin Md

19. 2-22 1946 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1946 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Dilated Heart	
Due to	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas R. Fauver M. D. or ether

Address Berlin Md Date signed 2-21-46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

02056

Reg. Diat. No. 355

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Charles H. Jarman.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Mary Emelia Jarman

6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Dec. 15, 1863

8. AGE: Years: 82 | Months: 1 | Days: 23 | If less than one day: hrs. min.

9. Birthplace: Berlin Wor. Co. Md. (Town, county, and state)

10. Usual occupation: Carpenter.

11. Industry or business

FATHER — 12. Name: William H. Jarman

13. Birthplace: Berlin Md.

MOTHER — 14. Maiden name: Caroline Coard

15. Birthplace: Berlin Md.

16. Informant: Mr. Calvin Jarman

Address: Berlin Md

17. Burial, cremation, or removal. Which?: Burial Date thereof: 2/10/46 (month) (day) (year)

Cemetery or crematory: Buckingham

Location: Berlin Md

18. Funeral director: Emma S. Burbage

Address: Berlin Md.

19. 2-10-1946 (Date rec'd by registrar) Helen F. Hayward, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb — 8 1946 at 6.30 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb-1-46 to Feb-8 1946

and that I last saw h. alive on Feb-8-46

Immediate cause of death: Chronic Myocarditis

	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Clifford E. Isbell M. D. or other

Address: Berlin Md. Date signed: 2/4/46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94?)

CERTIFICATE OF DEATH

02057

Reg. Diat. No. 350

1. PLACE OF DEATH:
County: Worcester
City or town: Rural Pocomoke Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Rural Pocomoke md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION) —
2.(a) If veteran, name war:

3.(a) FULL NAME: William T. Mason

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6.(b) Name of husband or wife: Annie F. Mason
6.(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): August 17-1873

8. AGE: Years	Months	Days	If less than one day
72	5	25	...hrs. ...min.

9. Birthplace: Pocomoke Worcester Md.
(Town, county, and state)
10. Usual occupation: Farming
11. Industry or business:
FATHER — 12. Name: John Mason
13. Birthplace: Md.
MOTHER — 14. Maiden name: Priscilla Buttingham
15. Birthplace: Md.
16. Informant: Mrs Annie F. Mason
Address: Rural Pocomoke md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 15-1946 (month) (day) (year)
Cemetery or crematory: Salem M. E. Cemetery
Location: Pocomoke Md.
18. Funeral director: Margarette L. Watson
Address: Pocomoke Md.
19. Feb 15 1946 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 12 1946, at 4:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 12 1946 to Feb 12 1946 and that I last saw h... alive on Feb 12 1946

Immediate cause of death	DURATION
Sudden accident	hrs
Due to: Angina pectoris	1 dy
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE: J. M. Mason M. D. or other
Address: Pocomoke City Date signed: 3/15/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02058

Reg. Diat. No. 355

1. PLACE OF DEATH:

County Worcester

City or town Berlin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Harry Clay Mitchell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married.

6.(b) Name of husband or wife Belle Mitchell

6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) March 27, 1873

8. AGE:

Years	Months	Days	If less than one day
72	10	27	hrs. min.

9. Birthplace Berlin Wor Co. Md.

(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name Edward B. Mitchell

13. Birthplace Maryland.

MOTHER 14. Maiden name Priscilla Hall

15. Birthplace Maryland

16. Informant Mrs. Harry B. Mitchell

Address Berlin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/22/46 (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin Md.

18. Funeral director Emma A. Bunting

Address Berlin Md

19. 2-22 1946 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1946 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19.... to ..... 19.....

and that I last saw him alive on Feb 19 - 1946

Immediate cause of death	DURATION
Carcinoma	
Due to Prostate	
Due to	
Other conditions Chr. Nephritis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas R. Law M. D. or other

Address Berlin Md Date signed 2-21-46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

02060

Reg. Dist. No. 355

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin S. Main St.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 yrs.
Hospital, Institution, or street address where death occurred:
—
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.: South Main St.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Rhoda E. Pridgen

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife: —
6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): April 15, 1865

8. AGE: Years 80 | Months 10 | Days 13 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Berlin Md.
(Town, county, and state)

10. Usual occupation: Maid

11. Industry or business: Housework.

FATHER
12. Name: Tom [redacted] Pridgen
13. Birthplace: Md.

MOTHER
14. Maiden name: Sallie (Unknown)
15. Birthplace: Md.

16. Informant: Franklin Purnell
Address: Berlin, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-2-46 (month) (day) (year)
Cemetery or crematory: Evergreen
Location: Berlin, Md.

18. Funeral director: M. Pasha Watson
Address: Selbyville [redacted] Del

19. 3-2 1946 Helen F Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 28 1946 at 8.15 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb. 25 1945 to Feb 28 1946 and that I last saw h[illegible] alive on Feb 27 1946

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 wks.
Due to Hypertension	30 yrs.
Due to Arteriosclerosis	30 yrs.
Other conditions	—

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.: —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: —
Date of: —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: —
Injured at work?

23. SIGNATURE: [signature] M. D.
M. D. or other
Address: Berlin Md. Date signed 3/4/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (64-2)

02059

CERTIFICATE OF DEATH

★ Reg. Dist. No. 355

1. PLACE OF DEATH:
County: Worcester.
City or town: West Ocean City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: West Ocean City
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Bessie D. Simpson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Jones Simpson
6.(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): Feb 9, 1914

8. AGE: Years	Months	Days	If less than one day
31	11	28	...hrs. ...min.

9. Birthplace: Chincoteague Va.
(Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business:
FATHER 12. Name: Edward Davis
13. Birthplace: Va.
MOTHER 14. Maiden name: Elmira Bradford
15. Birthplace: Va.
16. Informant: Mr. Jones Simpson
Address: Ocean City Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2/10/46 (month) (day) (year)
Cemetery or crematory: Evergreen
Location: Berlin Md
18. Funeral director: Emma A. Bunting
Address: Berlin Md.
19. 2-10-46 (Date rec'd by registrar) Helen G. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 7 1946, at 7 9. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

	DURATION
Immediate cause of death: Strangulation due to hanging	15 Min
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ... Date of op. ...
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: 2/7/46
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John L. Riley Dep Med Exam
M. D. or other
Address: Ocean City Md Date signed: 2/7/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Evidence for change of age of deceased is shown on FILM No. 100 FEB 18 1946

02061

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
County Worcester.
City or town Berlin. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Worcester.
City or town Berlin. (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Edward Timmons

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife Edna Timmons
6.(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) May 1, 1889

8. AGE: Years	Months	Days	If less than one day
56 ~~55~~	9	7	hrs. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual occupation Shoemaker.
11. Industry or business
FATHER 12. Name Matthew Bratzler
13. Birthplace Md.
MOTHER 14. Maiden name Martha Timmons
15. Birthplace Md.
16. Informant Mrs. Edward Timmons
Address Berlin Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/11/46 (month) (day) (year)
Cemetery or crematory Riverside
Location Berlin R F D.
18. Funeral director Bruce A. Burbage
Address Berlin Md
19. 2-11- 19 46 (Date rec'd by registrar) Helen G. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 19 46 at 3 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-23 19 46 to 2-8-46 19
and that I last saw h. alive on 2-8-46 19

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clifford E. Schatt M. D. or other
Address Berlin Md Date signed 2/9/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

02062

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 73 years 0 mo. 17 days
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) 70
2.(a) If veteran, name war

3.(a) FULL NAME Lethia Imogen Twilley

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife George Twilley
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) February 4 - 1863

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
73	0	17		

9. Birthplace Pocomoke City Worcester Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER 12. Name Levin N. Conner
13. Birthplace Maryland
MOTHER 14. Maiden name Sarah B.
15. Birthplace Maryland
16. Informant Mrs. Katharine E. Bradley
Address Salisbury, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 24/46 (month) (day) (year)
Cemetery or crematory Presbyterian
Location Pocomoke City Md
18. Funeral director Elias E. Dennis
Address Pocomoke City Md
19. Feb 24 1946 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1946 at 10 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1945 to Feb 21 1946
and that I last saw h alive on Feb 21 1946

	DURATION
Immediate cause of death Myocardial degeneration	1 yr
Due to Arteriosclerosis	10 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statisticaDy.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. E. Lifesey M. D. or other
Address Pocomoke City Date signed 2-24-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

02063

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 357

WITHIN CITY LIMITS

1. PLACE OF DEATH:
County: Worcester
City or town: Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 66 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) 70
2.(a) If veteran, name war

3.(a) FULL NAME George W. Vincent

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Miriam Vincent
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 28 1879

8. AGE:

Years	Months	Days	If less than one day
66	3	27	..... hrs. ..... min.

9. Birthplace: Snow Hill Md (Town, county, and state)
10. Usual occupation: Jeweler
11. Industry or business: Jewelry
FATHER 12. Name: John W. Vincent
FATHER 13. Birthplace: Delaware
MOTHER 14. Maiden name: Margaret Collins
MOTHER 15. Birthplace: Delaware
16. Informant: Miriam Vincent
Address: Snow Hill Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 27/46 (month) (day) (year)
Cemetery or crematory: Whalcoat
Location: Snow Hill Md
18. Funeral director: Hearne & Timms
Address: Snow Hill Md
19. 2926 1946 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 27 1946 at 4:43 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Coronary Thrombosis	3 hrs:
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John L. Riley Dep. Md Exam
M. D. or other
Address: Snow Hill Md Date signed 3-3-46

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3 S S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Worcester.
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME John Whaley.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	colored	married

6.(b) Name of husband or wife Nancy Whaley.
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) March 17, 1858

8. AGE: Years	Months	Days	If less than one day
87	11	28	..... hrs. ..... min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name unknown.
13. Birthplace
MOTHER 14. Maiden name Lizzie Hannon
15. Birthplace Md.
16. Informant Mary Jane Marshall
Address Berlin Md.
17. Buried Date thereof 2/16/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cedar Chapel
Location Newark Md.
18. Funeral director Anna A. Burbage
Address Berlin Md.
19. 2-16 1946 Helen F. Hayward Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1946 at 6 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19.. to ..... 19..
and that I last saw him alive on Feb 13 1946

Immediate cause of death	DURATION
Chr. Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. R. Parr M. D. or other
Address Berlin Md. Date signed 3-16-46